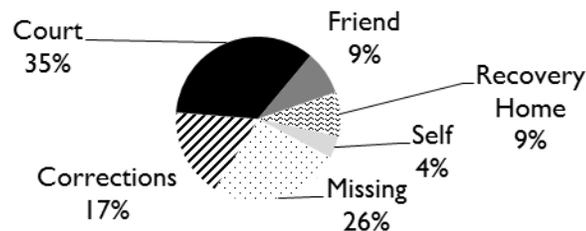


## Brief report on the Vermont Recovery Network: Recovery Coaching in Recovery Centers What the initial data suggest.

Over the past year, recovery coaching has demonstrated the potential for reductions (cost savings) in medical, justice, and social services while helping Vermonter's struggling with addiction enter and maintain recovery. These findings warrant a broader implementation and examination of recovery coaching in the near future. This brief report shares initial data on outcomes achieved through recovery coaching in Vermont's community recovery centers. Recovery coaching is a form of peer based recovery support which has been defined as "the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery." (White, W., 2009)

The report includes data from 23 individuals seeking recovery coaching at Vermont Recovery Network's Recovery Centers in two regions of the state. Participants provided data at least two times while utilizing the Recovery Center: once at the beginning of their work with the recovery coach and again at a follow up time point. If a person provided data more than two times, we used the last time point available. Because of the small sample size, trends of statistical significance where the p-value ranges between .06 and .08 are included.

### Who referred these individuals to Recovery Coaching?

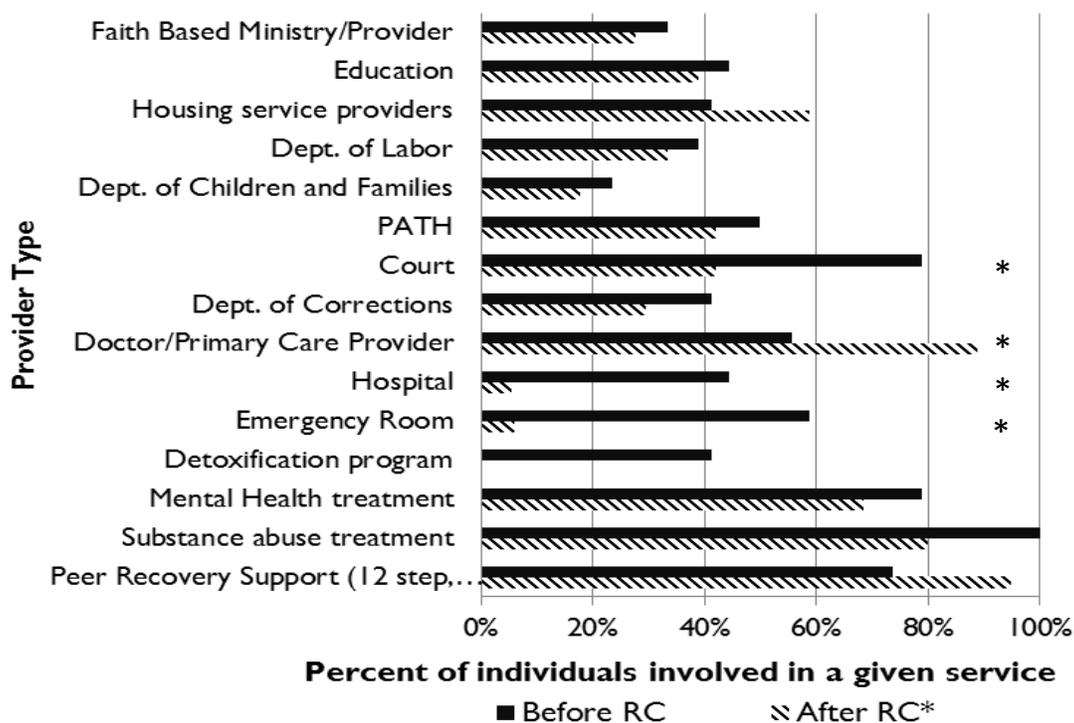


#### Note:

Vermont Recovery Network (VRN) has developed and adopted a uniform set of guidelines for the provision of recovery coaching in Vermont's peer community recovery support centers.

<http://www.vtrecoverynetwork.org/> **All coaches undergo background checks to insure participant safety and are screened to insure that they understand and can communicate the recovery process. All coaches must have certificates from a formal recovery coach academy and participate in ongoing training and regular supervision.**

## Participation in community services before and after Recovery Coaching



\*Change is statistically significant at  $p < .05$ .

**Note:** Statistical tests could not be run for the variable "Detoxification Program" because the value at follow up was constant, all equaling no use of such a program.

Initial findings suggest a potential for recovery coaching to reduce social costs associated with addictive disease and co-occurring mental health conditions. While there were significant reductions in hospital and emergency room use, at the same time, there was a significant increase in the use of primary care providers. The increased use of primary care providers demonstrates the potential for recovery coaching to provide a role in health care reform's efforts to respond to addictive disease and co-occurring mental health conditions as chronic conditions which, when responded to appropriately, can lead to reduced hospital and emergency room costs. Recovery coach participants also reported a significant decrease in court involvement. Further evaluation is needed to determine cost savings that can be accrued across the human services spectrum.

### ***Participant motivation to maintain abstinence remains consistent for people involved in recovery coaching***

Across alcohol, marijuana, other illicit, and prescription drugs, participants' motivation to abstain averaged a score of 8.3 out of 10, indicating that upon beginning recovery coaching, individuals are very motivated to become and remain abstinent. At the follow up time point, the average motivation score across all substances including alcohol was 8.7. Thus, over time, recovery coaching helped to sustain individuals' motivation to be abstinent.

### **Time involved in recovery coaching correlates with increased days of abstinence**

Average days clean from alcohol and drugs if involved with recovery coaching for **less than 3 months**

24 days  
clean

Average days clean from alcohol and drugs if involved with recovery coaching for **3 months or longer**

77 days  
clean

*Individuals who were involved in recovery coaching for more than 3 months reported more days clean from alcohol and other drugs compared to individuals involved with recovery coaching for less than 3 months. This finding approached statistical significance ( $t=1.98, p<.07$ ).*

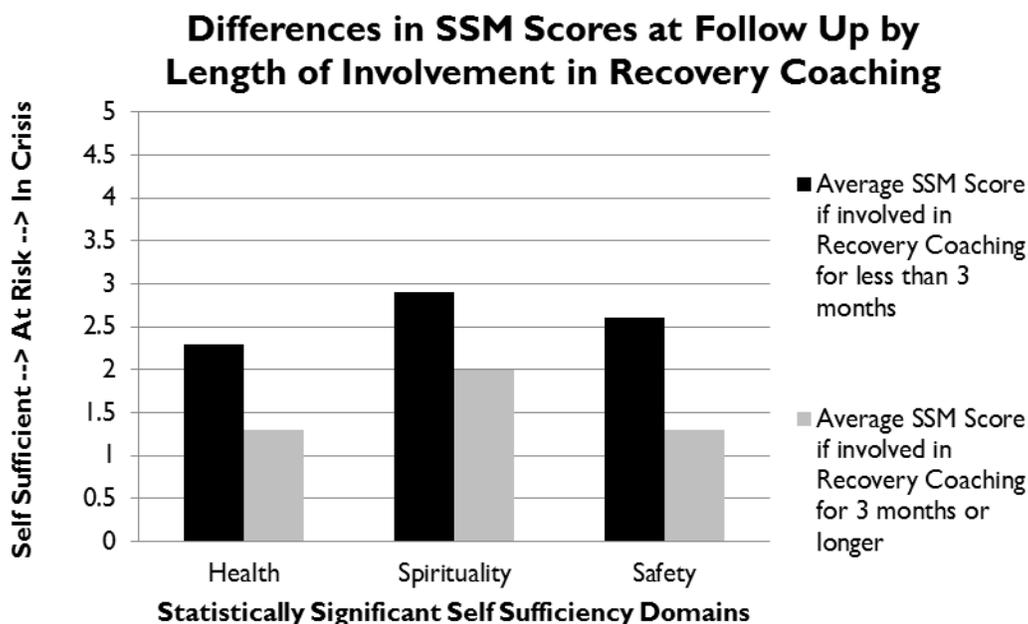
### **Participants involved in recovery coaching experience greater improvement in recovery capital regardless of how long they participate.**

The Self Sufficiency Matrix (SSM) was designed to help assist in assessing and building **community based recovery capital**. Recovery capital refers to the amount and quality of internal and external resources one can bring to bear to initiate and/or sustain recovery from addiction and mental health challenges, and related problems. The SSM is influenced by the principles of Recovery Oriented System of Care (ROSC; IRETA, 2006; White et al., 2003) and includes the following domains: access to services, insurance, housing, transportation, health, social connectedness, family relations, spirituality, recovery, substance use, mental health, legal involvement, education, employment, parenting, and safety. The response scale includes five choices ranging from “In Crisis” to “Self Sufficient.” In general, when completing the SSM, individuals seeking services at Recovery Centers tend to report “At Risk” to “Stable/Safe” across many life domains. Over time, individuals’ scores continue to improve across the majority of key life domains, moving from “At Risk” and “Stable/Safe” to “Stable/Safe” and “Self Sufficient”. These changes were statistically significant for the domains of Services, Insurance, and Health for all participants, *regardless of how long they had participated in recovery coaching.*

### **Participating in recovery coaching for a longer period of time demonstrates greater improvement in health, spirituality, and safety**

While the previous paragraph looked at outcomes on the SSM for all participants together, regardless of how long they had participated in recovery coaching, the analyses below compared scores on important life areas of the SSM **by length of involvement** in recovery coaching. Individuals who had participated in recovery coaching less than three months were included in one group while individuals who had participated in recovery coaching for three months or longer were included in

another group. Results indicated that those involved in recovery coaching longer (3 months or longer), had significantly lower SSM scores in the areas of health, spirituality, and safety ( $t=2.0$ ,  $p<.06$ ;  $t=1.9$ ,  $p<.07$ ;  $t=3.1$ ,  $p<.01$  respectively). **Thus, those involved in recovery coaching longer were more likely to report self sufficiency in these areas compared to those who had been involved in recovery coaching for less than 3 months.**



Note: Those domains of the SSM that were not statistically different based on length of involvement in recovery coaching are not included in this graph.

### Take home messages from this initial pilot evaluation:

- 👍 Recovery coaching helps foster and support sustained motivation for abstinence.
- 👍 The longer a participant's involvement in recovery coaching, the greater their number of days of abstinence.
- 👍 Recovery coaching helps to increase overall holistic wellness as evidenced by a shift towards greater self sufficiency in key areas of participants' lives.
- 👍 While individuals' lives are improving, their use of costly services such as hospitals, emergency rooms, and detoxification programs decreases.

The current study is limited by a small sample size from 2 regions of the state. These promising findings reinforce the need to further evaluate the potential of recovery coaching as an effective and cost saving approach to help promote wellness among Vermonters struggling with addiction and co-occurring mental health problems.

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Data and report prepared by Evidence Based Solutions (EBS) – Jody Kamon, PhD & Win Turner PhD. At Evidence Based Solutions, LLC we believe families struggling with mental health and substance abuse issues deserve the highest quality care available, from prevention to recovery. We work to collaborate with you to support the use of a range of evidence based interventions in effective efficient ways. We offer state of the art consultation, training (including clinical supervision), and evaluation services. Check out our website: [www.metcbtplus.com](http://www.metcbtplus.com) to learn more.